

CAND Pay.gov Application for Refund (rev. 10/19)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS

IMPORTANT:

- Complete all required fields (shown in red*); otherwise, your request may be denied and require resubmission.
- In fields 3-6, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

1. Your Name:* Sydney D'Aloia	7. Your Phone Number: (215) 592-1500
2. Your Email Address: * sdaloia@lfsblaw.com	8. Full Case Number (if applicable): 4:22-md-03047-YGR
3. Receipt Number:* ACANDC-17710538	9. Fee Type:* <input type="checkbox"/> Attorney Admission <input checked="" type="checkbox"/> Civil Case Filing <input type="checkbox"/> FTR Audio Recording <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pro Hac Vice <input type="checkbox"/> Writ of Habeas Corpus
4. Transaction Date:* 11/08/2022	
5. Transaction Time:* 7:58 pm	
6. Transaction Amount (Amount to be refunded):* \$ 402.00	
10. Reason for Refund Request:* Explain in detail what happened to cause duplicate charges or no fee required. ▪ For a duplicate charge, provide the correct receipt number in this field. ▪ If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the open case). Petition for leave to appear by Zoom. Electronic filing error; \$402.00 filing fee not required.	

✓ **Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: cand.uscourts.gov/ecf/payments. For assistance, contact the ECF Help Desk at 1-866-638-7829 or ecfhelpdesk@cand.uscourts.gov Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Denied — Resubmit amended application (see reason for denial)	
Approval/denial date:	Request approved/denied by:
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: 0971-
Date refund processed:	Refund processed by:
Reason for denial (if applicable):	
Referred for OSC date (if applicable):	

CERTIFICATE OF SERVICE

I hereby certify that on this 18th day of January 2023, a true and correct copy of the preceding Application for Refund was presented and served via electronic filing on the Finance Unit, Office of the Clerk, U.S. District Court, 450 Golden Gate Avenue, P.O. Box 36060, San Francisco, CA 94102.

/s/ Michael M. Weinkowitz
Michael M. Weinkowitz